


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2005 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # L03000035082</b><br>1. Entity Name<br><b>LIA-JANE, L.L.C.</b> |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br><b>1245 COURT ST., STE. 102<br/>CLEARWATER FL 33756</b> | Mailing Address<br><b>P O BOX 7048<br/>SEMINOLE FL 33775</b> |
|--|--|



1st MOORE      CR2E083 (10/04)

|                                |                     |   |   |
|--------------------------------|---------------------|---|---|
| 2. Principal Place of Business | 3. Mailing Address  | 4. FEI Number   | Applied For                             |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | <b>26-1135433</b>   | <input type="checkbox"/> Not Applicable |
| City & State                   | City & State        | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required |   |
| Zip                            | Country             | Zip   | Country                                 |

|   |  |
|---|--|
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>FRIEDMAN, CHARLES K<br/>P O BOX 7048<br/>SEMINOLE FL 33775</b> | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |
|---|--|

**8.** The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS                     |   | 10. ADDITIONS/CHANGES                            |  |
|--|---|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <b>MGR</b><br><b>FRIEDMAN, CHARLES K</b><br><b>P O BOX 7048</b><br><b>SEMINOLE FL 33775</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><div style="text-align: center; font-size: small;">                     FILED 03000035082<br/>                     02-28-05-08045-005 \$9.00                 </div> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

**11.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Charles K Friedman* 2/25/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #